

Kentucky Department for Medicaid Services
Internet Information Processing System
(IIPS)

Kentucky Department for Medicaid Services

Internet Information Processing System
(IIPS)
User Manual

Information current as of January 12, 2004

Information Current as of January 12, 2004

Kentucky Department for Medicaid Services
Internet Information Processing System
(IIPS)

Welcome to the Kentucky Department for Medicaid Services' Internet Information Processing System.

This web-based system was designed to allow Medicaid Providers instant access to pertinent recipient information. The system is continuously being updated with more data as requested by providers and deemed essential by DMS staff members. This User Manual is designed to assist you in navigating through the system. If at any time you have suggestions, comments, or questions, please contact us through the assistance email address located at the bottom of each primary web page (chs.dmsiips@ky.gov).

Although you may access the IIPS directly by going to this web address:

<https://www.kymmis.com/user/>

We recommend accessing through the KY Department for Medicaid Services web site address as this page contains announcements regarding the system including new items and items currently in the works:

<http://www.chs.ky.gov/dms/>
Click on IIPS

Please keep in mind information contained on the IIPS is highly confidential and access should be strictly limited to those with valid reasons. It is the responsibility of the provider and the system administrator to ensure all persons with access understand the appropriate use of this data. We highly recommend the creation and implementation of guidelines within your office outlining appropriate and inappropriate uses of this data.

(The screen prints used within this document are actual screen prints, however, with respect to our providers and recipients, and in compliance with HIPAA, all personal data has been replaced with pseudo data.)

SECTION A

INITIAL SIGN-UP

- 1 – A staff member will need to be designated as the system administrator. This person will be in charge of allowing access to other staff members who need access to information pertaining to your provider number.
- 2 – The system administrator should click on “New provider users click here to sign up!”. (page A-1)
- 3 – The “Provider Verification” screen will appear. (page A-2) Type in the 8-digit provider number and the 9-digit FEIN (Federal Employee Identification Number) or SSN (Social Security Number) as applicable. This information will be checked for validity prior to allowing you to continue your enrollment. If the information provided is valid, you will receive an acceptance message and will be allowed to continue the enrollment process. (page A-3)
- 4 – You will then be taken to the Provider Sign Up page. (page A-4). The provider number you entered previously will automatically populate the first field of this form. You will need to select a password containing a minimum of 6 and a maximum of 10 characters with no spaces. Complete the rest of the form and click on “Sign Up”.
- 5 – If you completed all fields correctly you will receive an acceptance message. (page A-5) You are now ready to enter the system. If any information entered is not correct, you will receive an error message and will need to check the listed items for accuracy. If someone else has already enrolled this provider number, a message stating the provider number you entered is already on file will appear. Please check with office staff to determine who previously enrolled the provider number.
- 6 – Once enrolled, you will be returned to the IIPS home page for initial log-in. (page A-6)

(SECTION A)



Kentucky Medicaid Internet Information Processing System

UNISYS
Imagine it. Done.

New provider users [click here to sign up!](#)

User ID :	<input type="text"/>	(6-12 characters)
Password :	<input type="password"/>	(6-12 characters)
<input type="button" value="Sign In"/>		

Click Here

- Verify that you are using Internet Explorer 5.0, Netscape 6, or a higher version of either as your browser.
- If you need assistance, email us at chs.dmsiips@ky.gov
- DMS staff Sign In only.

This internet-based system contains protected, personal identifiable health information. Because of this, the data contained on the system is subject to the privacy and security regulations contained in the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

(PAGE A-1)

[Back To IIPS
Home](#)



Kentucky Medicaid Internet Information Processing System

UNISYS
Imagine it. Done.

Provider Verification

Provider Number :	<input type="text"/>	(8 digit number)
FEIN/SSN :	<input type="text"/>	(9 digit number)
<input type="button" value="Verify"/>		

- If you need assistance, email us at chs.dmsiips@ky.gov

(PAGE A-2)

The information entered has been accepted. You are now the Administrator of this account. It is your responsibility to allow access to those persons you deem necessary. Click [Here To Continue](#)

(PAGE A-3)



Unisys Internet Information Processing System

UNISYS
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Provider Sign Up

Provider Number :	12345678	(8 numeric characters)				
Password :	<input type="text"/>	(6-10 characters)	<i>Note: This screen is used for the initial sign-up of a provider number. To allow multiple access to data associated with this provider number go to "Update Profile" from the main menu.</i>			
Re-enter Password :	<input type="text"/>					
First Name:	<input type="text"/>	Last Name:	<input type="text"/>	MI:	<input type="text"/>	
Address:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text" value="KY"/>	ZIP: <input type="text"/>
<input type="button" value="Sign Up"/>						

- Complete the fields above and click on the Sign Up button.
- Verify that you are using Internet Explorer 5.0, Netscape 6, or a higher version of either as your browser.
- If you need assistance, email us at chs.dmsiips@ky.gov

(PAGE A-4)

Your information has been accepted and you are now ready to access the IIPS.



(PAGE A-5)



Kentucky Medicaid Internet Information Processing System

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New provider users [click here to sign up!](#)

User ID :	<input type="text"/>	(6-12 characters)
Password :	<input type="password"/>	(6-12 characters)
<input type="button" value="Sign In"/>		

- Verify that you are using Internet Explorer 5.0, Netscape 6, or a higher version of either as your browser.
- If you need assistance, email us at chs.dmsiips@ky.gov
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(PAGE A-6)

SECTION B

SYSTEM ADMINISTRATORS:

- Assigning Access To Multiple Users
- Change Password
- Delete User(s)

- 1 – Log into the system using the provider number and password previously enrolled. (page B-1)
- 2 – The Main Menu page will appear, click on “Update Profile” (page B-2)

Assigning Access to Multiple Users:

As the system administrator, you are able to allow access to multiple users. Please keep in mind information contained on the IIPS is highly confidential and access should be limited. It is the responsibility of the Provider and the system administrator to ensure all persons with access understand the appropriate use of this data.

- 3 – The IIPS User Services page will appear, click on “Add New User”. (page B-3)
- 4 – Complete the information for the user – ensuring all fields are entered correctly, then click on Add. (page B-4)
- 5 – Once the information is submitted correctly, you will receive confirmation. (page B-5)
- 6 – Repeat the process for each new user – LIMIT of 50 users per provider number.

Changing Password:

Passwords can be changed at any time. To ensure security, we recommend changing passwords monthly. Please be certain all affected users are aware of any password changes.

- 7 – From the IIPS User Services page, click on “Change Password”. (page B-3)
- 8 – The Provider Password Update screen will appear. (page B-6) Enter your provider number (or user ID) and current password.
- 9 – Enter your NEW password as requested being certain the password contains a minimum of 6 and a maximum of 10 characters with no spaces.
- 10 – Click on Update. You will receive verification of the password change if all fields are completed correctly.

(SECTION B)

SECTION B (continued)

SYSTEM ADMINISTRATORS:

- **Assigning Access To Multiple Users**
- **Change Password**
- **Delete User(s)**

Delete User(s):

User access can be revoked at any time for any reason the provider and/or system administrator deem necessary.

11 – From the IIPS User Services page, click on “Delete Info”. (page B-3)

12 – The User Web Information Deletion Task screen will appear. (page B-7)

13 – To remove the entire provider number access (including all users assigned to that password) type in the provider number and password.

14 – To remove access for a user within that provider number group, type the user name and the user’s password.

15 – Click on Delete. You will receive verification of the deletion if all fields are completed correctly. (page B-8)

(SECTION B)



Kentucky Medicaid Internet Information Processing System

UNISYS
Imagine It. Done.

Here

New provider users [click here to sign up!](#)

User ID :	<input type="text"/>	(6-12 characters)
Password :	<input type="password"/>	(6-12 characters)
<input type="button" value="Sign In"/>		

- Verify that you are using Internet Explorer 5.0, Netscape 6, or a higher version of either as your browser.
- If you need assistance, email us at chs.dmsiips@ky.gov
- DMS staff Sign In only.

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(PAGE B-1)



Kentucky Medicaid Internet Information Processing System

UNISYS
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Click Here

KenPAC

(Available to providers
enrolled in KenPAC only)

Nursing Facilities

(Available to Nursing Facilities only)

Presumptive
Eligibility

Recipient Data

(Eligibility, Liability, Spend Down, TPL, KenPAC.)

Qualifying Income Trust (QIT)

Update Profile

Logout □

We are continuing to add more data to this web site to better assist Medicaid providers. Please check back often to see new and/or revised menu items.

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(PAGE B-2)



Kentucky Medicaid Internet Information Processing System

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IIPS User Services

[Add New User*](#)
[Change Password*](#)
[Delete Info*](#)
[Back to IIPS Home*](#)

- In this area you could edit your password;
- Or you could update your web sign-up information;
- Or you could delete your information from our web database;
- Or you could go back to IIPS home page.

Note: This page is for use in updating your web page profile information only.

(PAGE B-3)



Kentucky Medicaid Internet Information Processing System

UNISYS
Imagine it. Done.

Add New user

User ID :	<input type="text"/>	(6-12 characters)
Password :	<input type="text"/>	(6-12 characters)
Re-enter Password :	<input type="text"/>	(6-12 characters)
Last Name :	<input type="text"/>	
First Name :	<input type="text"/>	
M.I. :	<input type="text"/>	
<input type="button" value="ADD"/>		

- If you need assistance, email us at chs.dmsiips@ky.gov

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Kentucky Medicaid Internet Information Processing System

UNISYS
Imagine it. Done.

You have added one user successfully.

Add New user

User ID :	<input type="text"/>	(6-12 characters)
Password :	<input type="text"/>	(6-12 characters)
Re-enter Password :	<input type="text"/>	(6-12 characters)
Last Name :	<input type="text"/>	
First Name :	<input type="text"/>	
M.I. :	<input type="text"/>	
<input type="button" value="ADD"/>		

- If you need assistance, email us at chs.dmsiips@ky.gov

(PAGE B-5)



Provider Password Update

Provider Number :	<input type="text"/>	(8 digit numeric characters)
Password :	<input type="text"/>	(6-12 digit alphanumeric characters)
New Password :	<input type="text"/>	
Re-enter New Password :	<input type="text"/>	
<input type="button" value="Update"/>		

(PAGE B-6)



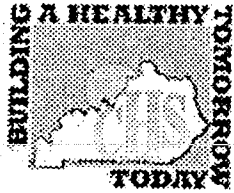
Kentucky Medicaid Internet Information Processing System

UNISYS
Imagine it. Done.

User Web Information Deletion Task

User Id :	<input type="text"/>	(6-12 digit alphanumeric characters)
Password :	<input type="text"/>	(6-12 digit alphanumeric characters)
<input type="button" value="Delete"/>		

(PAGE B-7)



User Web Information Deletion Task

You have successfully deleted your information from our database, thanks.

User Id :	<input type="text"/>	(6-12 digit alphanumeric characters)
Password :	<input type="text"/>	(6-12 digit alphanumeric characters)
<input type="button" value="Delete"/>		

(PAGE B-8)

SECTION C

KenPAC MANAGEMENT

The KenPAC data link located on the main menu (page C-1) is specific to the provider number entered during initial sign-in. The KenPAC web page (page C-2) shows a complete listing of recipients for which the KenPAC provider received a management fee payment for the month. The recipients shown are associated with the provider number entered during the initial sign-in. This web page will not show any other data other than that which belongs to that provider number. If you are not a KenPAC provider, you will receive an error message when choosing this link (page C-3).

Due to the size of this file, it may take a few moments for this data to load – please be patient! This data is updated on the first of each month. It is the same data that is supplied in hard copy, however, by having this information electronically, we are allowing you to sort the data by clicking on any of the column headings. (Note: clicking on “New Patient” will place all new patients for that month, indicated by an asterisk, at the top of the report, prior to the existing patients.) You can also copy and paste the data into another file of your choice if you desire.

(SECTION C)



Kentucky Medicaid Internet Information Processing System

UNISYS
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Click Here

[KenPAC](#)

(Available to providers
enrolled in KenPAC only)

[Nursing Facilities](#)

(Available to Nursing Facilities only)

[Presumptive](#)

[Eligibility](#)

[Recipient Data](#)

(Eligibility, Liability, Spend Down, TPL, KenPAC.)

[Qualifying Income Trust \(QIT\)](#)

[Update Profile](#)

[Logout](#) □

We are continuing to add more data to this web site to better assist Medicaid providers. Please check back often to see new and/or revised menu items.

If you need assistance, email us at chs.dmsiips@ky.gov

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**KENTUCKY MEDICAID INTERNET INFORMATION
PROCESSING SYSTEM**
Kentucky Medicaid Management Information System
KenPAC Management For Payment For
Provider **12345678**

UNISYS
Imagine it. Done.

<u>RECIPIENT NAME</u>	<u>MAID #</u>	<u>DATE OF BIRTH</u>	<u>ADDRESS</u>	<u>CAPITATION DATE(DOS)</u>	<u>PAID AMOUNT (\$)</u>	<u>SITE</u>	<u>NEW PATIENT</u>
<i>Jane Doe</i>	<i>111111111</i>	<i>7/26/1990</i>	<i>1234 Main Street Frankfort KY 40601</i>	<i>12/1/2003</i>	<i>4.00</i>	<i>0301</i>	<i>*</i>
<i>John Doe</i>	<i>222222222</i>	<i>12/25/1993</i>	<i>1234 Main Street Frankfort KY 40601</i>	<i>12/1/2003</i>	<i>4.00</i>	<i>0301</i>	<i>*</i>
<i>Jane Smith</i>	<i>333333333</i>	<i>1/9/1990</i>	<i>456 East Main Street Frankfort KY 40601</i>	<i>12/1/2003</i>	<i>4.00</i>	<i>0301</i>	
<i>John Smith</i>	<i>444444444</i>	<i>1/9/1990</i>	<i>456 East Main Street Frankfort KY 40601</i>	<i>12/1/2003</i>	<i>4.00</i>	<i>0301</i>	

(PAGE C-2)

The provider number entered upon signing into this system is not associated with the menu item selected. If you feel you are receiving this message in error, please contact us at chs.dmsiips@ky.gov. Click [Here](#) to return the main menu.

(PAGE C-3)

SECTION D

NURSING FACILITIES

The Nursing Facility data link located on the main menu (page D-1) is specific to the provider number entered during initial sign-in. The Nursing Facility web page (page D-2) shows a complete listing of recipients assigned to that particular Nursing Facility. The recipients shown are associated with the provider number entered during the initial sign-in. This web page will not show any other data other than that which belongs to that provider number. The initial page lists each recipient with their Medical Assistance Identification Number (MAID). You may sort by name or MAID by clicking on the heading. Clicking on a recipient's name will take you to a detail page which provides specific details relevant to the recipient. (page D-3)

If you are not a Nursing Facility provider, you will receive an error message when choosing this link (page D-4).

Due to the size of this file, it may take a few moments for this data to load – please be patient! This web page is updated as the information is received.

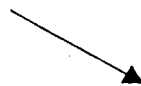
(SECTION D)



Kentucky Medicaid Internet Information Processing System

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Click Here



KenPAC

(Available to providers
enrolled in KenPAC only)

Nursing Facilities

(Available to Nursing Facilities only)

Presumptive
Eligibility

Recipient Data

(Eligibility, Liability, Spend Down, TPL, KenPAC.)

Qualifying Income Trust (QIT)

Logout

We are continuing to add more data to this web site to better assist Medicaid providers. Please check back often to see new and/or revised menu items.

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1/12/2004

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**KENTUCKY MEDICAID INTERNET INFORMATION
PROCESSING SYSTEM**
Kentucky Medicaid Management Information System
WESTERN STATE NURSING FACILITY , 12345678

UNISYS
Imagine it. Done.

	<u>Recipient Name</u>	<u>MAID</u>
<i>Click Here</i> →	<i>Smith, John</i>	<i>111111111</i>
	<i>Jones, Jenny</i>	<i>222222222</i>
	<i>Doe, Jane</i>	<i>333333333</i>
	<i>Public, John</i>	<i>444444444</i>

(PAGE D-2)



**KENTUCKY MEDICAID INTERNET INFORMATION
PROCESSING SYSTEM**

Kentucky Medicaid Management Information System
WESTERN STATE NURSING FACILITY, 12345678

UNISYS
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Smith, John 11111111

Check Digit: 0

Current Patient Liability: \$638.00

Certificate Segments			Medicaid Eligibility Segments	
Certificate Number	Admit Date	Discharge Date*	Beginning Date	Ending Date
00005530	08/18/2003	02/01/2004	04/01/2003	99/99/9999
			04/01/2001	03/31/2003
			04/01/2000	03/31/2001
			03/01/2000	03/31/2000
			09/01/1999	02/29/2000
			12/01/1998	08/31/1999
			12/01/1997	11/30/1998
			01/01/1996	11/30/1997
			12/01/1994	12/31/1995
			04/01/1994	11/30/1994
			06/01/1991	11/30/1993
			11/01/1987	05/31/1991
			08/01/1981	10/31/1987

Disclaimer: Discharge data available beginning 02/01/2002. Earlier data is not available at this time.

(PAGE D-3)

No recipients' Nursing Home Facility information on file for this provider. Please make sure the provider # is correct. Click [Back To Home](#)

(PAGE D-4)

Kentucky Department for Medicaid Services
Internet Information Processing System
(IIPS)

SECTION E

PRESUMPTIVE ELIGIBILITY

The Presumptive Eligibility link located on the main menu web page (page E-1) is a direct link to the current Presumptive Eligibility system. It is only a link. This was added to allow providers access to all systems from one web page menu.

(SECTION E)

Information Current as of January 12, 2004



Kentucky Medicaid Internet Information Processing System

UNISYS
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Click Here

KenPAC

(Available to providers
enrolled in KenPAC only)

Nursing Facilities

(Available to Nursing Facilities only)

Presumptive
Eligibility

Recipient Data

(Eligibility, Liability, Spend Down, TPL, KenPAC.)

Qualifying Income Trust (QIT)

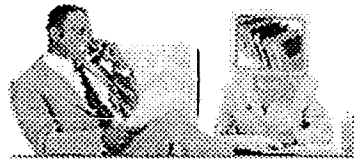
Logout

We are continuing to add more data to this web site to better assist Medicaid providers. Please check back often to see new and/or revised menu items.

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(PAGE E-1)



PRESUMPTIVE ELIGIBILITY

Kentucky Medicaid Presumptive Eligibility

For pregnant women

User ID :	<input type="text"/>
Confirmation Number :	<input type="text"/>
<input type="button" value="Login"/>	

Login Checklist

- Call the DMS Helpdesk at **1-866-818-0073** to obtain a confirmation number.
- Verify that you are using Internet Explorer 5.0, Netscape 6, or a higher version of either as your browser.
- Verify that you have installed Adobe Acrobat Reader version 5.0 or higher.
- Make sure you have the completed patient information brochure, it contains the information you will need for the form.
- You will need your provider number located on the PE training certificate and the confirmation number before you can login.



SECTION F

RECIPIENT DATA

The Recipient Data link located on the main menu page (page F-1) will take you to the View Recipient Data web page (page F-2). From this page you will be able to enter the recipient MAID and choose from:

- Eligibility Segment (page F-3) – lists the eligibility segments' begin and end dates, the program code (which is linked to a listing of the codes and their definitions (page F-4)), co-pay indicator, and KCHIP status. The header information also includes, when applicable, the current KenPAC provider name and telephone number.
- Patient Liability (page F-5) – lists the begin date, transaction date and amount
- Spend Down (page F-6) – lists the date, amount, and balance
- Third Party Liability (TPL) (page F-7) – lists the Carrier name, address, policy #, group #, effective date, policy holder name, and type of insurance.

Each of the recipient web pages includes the recipients':

- Date of Birth
- Date of Death (when applicable)
- MAID
- Check digit
- Name

(SECTION F)



Kentucky Medicaid Internet Information Processing System

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Click Here



KenPAC

(Available to providers
enrolled in KenPAC only)

Nursing Facilities

(Available to Nursing Facilities only)

Presumptive

Eligibility

Recipient Data

(Eligibility, Liability, Spend Down, TPL, KenPAC.)

Qualifying Income Trust (QIT)

Logout

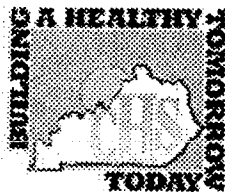
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Kentucky Medicaid Internet Information Processing System

View Recipient Data on IIPS

UNISYS
Imagine It. Done.

Enter MAID Number and choose option

MAID :

Option:

- ☐ Eligibility Segment
- ☐ Patient Liability
- ☐ Spend Down
- ☐ TPL

Search

- If you need assistance, email us at chs.dmsiips@ky.gov

(PAGE F-2)

[Back To
Recipient
Data MENU](#)



**KENTUCKY MEDICAID INTERNET INFORMATION
PROCESSING SYSTEM**
Kentucky Medicaid Management Information System

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Recipient Data on IIPS

DOB: 10/25/1989 **MAID:** 111111111 **Check Digit:** 0
DOD: 00/00/0000 **Name:** DOE, JOHN
KenPAC Provider Name: SMITH, ANN
KenPAC Provider Telephone: 123-456-7890

Note: Each of the following are eligibility segments (time frames) for this recipient. The most current segment is listed on the top line. The begin date is the first date of eligibility for that segment. The end date is the last date of eligibility for that segment. An end date of 99/99/9999 indicates the recipient is eligible from the date listed as the begin date until further notice. If the recipients eligibility status changes, the 99/99/9999 date will be changed and a new segment added if necessary.

Eligibility

Begin Date	End Date*	Program Code*	Co-Pay Indicator	K-CHIP
08/01/2003	12/31/2003	I	N	K-CHIP-III
07/01/2002	12/31/2002	I	N	K-CHIP-II
06/01/2002	06/30/2002	I	N	
12/01/2001	05/31/2002	I	N	
11/01/2000	11/30/2001	I	N	K-CHIP-II
07/01/1996	11/30/1996	I	N	
12/01/1994	05/31/1995	L	N	
10/01/1993	11/30/1994	C	N	
10/01/1992	09/30/1993	C	N	

***Note:** Codes Z, ZL, ZQ, ZK, ZJ, are NOT Medicaid eligible. contact Provider Services at 1-800-807-1232.

***Note:** Code PE: Limited service - Call 1-866-818-0073

***Note:** End Date = 99/99/9999 indicates recipient has not been end dated and remains eligible

(PAGE F-3)

Program Code List

Program Code	Description
A	Aged individuals who receive Supplement Security Income (SSI)
AP	Aged individuals who receive SSI and state supplementation
B	Blind individuals who receive SSI
BP	Blind individuals who receive SSI
C	AFDC recipients including specified relatives and second parents. The family meets the technical and financial criteria for AFDC and the children is deprived of parental support due to death, incapacity, or absence of parent and is living in the home of the specified relative.
D	Disabled individuals who receive SSI
DP	Disabled individuals who receive SSI and state supplementation
E	Individuals who meet the same criteria as Program Code C but have refused money payment.
F	Aged individuals who have stopped receiving SSI due to a cost of living increase in social security income but are still Medicaid eligible.
FP	Aged individuals who have stopped receiving SSI due to a cost of living increase in social security income but do receive state supplementation and are Medicaid eligible.
G	Blind individuals who have stopped receiving SSI due to a cost of living increase in social security income but are still Medicaid eligible.
GP	Blind individuals who have stopped receiving SSI due to a cost of living increase in social security income but do receive state supplementation and are Medicaid eligible.
H	Disabled individuals who have stopped receiving SSI due to a cost of living increase in social security income but are still Medicaid eligible.
HP	Disabled individuals who have stopped receiving SSI due to a cost of living increase in social security income but do receive state supplementation and are Medicaid eligible.
I	Pregnant women, infants, and children with income at or below 185% of poverty.
J	Aged individuals not receiving SSI or state supplementation. These individuals meet the same technical factors as aged, blind, or disabled persons. These persons have income or resources exceeding SSI limitations; have excess income utilized either through allocation to dependents and/or spend-down; or are deceased and application was made by an interested party.
K	Blind individuals not receiving SSI or state supplementation. These individuals meet the same technical factors as aged, blind, or disabled persons. These persons have income or resources exceeding SSI limitations; have excess income utilized either through allocation to dependents and/or spend-down; or are deceased and application was made by an interested party.
KC	Kinship Care - Children receiving TANF grant with income up to 100% poverty.
L	AFDC-related individual. The specified relative, second parent, child(ren) under age 18, or children age 18 and in fulltime attendance in high school or equivalent level of vocational or technical school who will complete a course of study before the 19th birthday who except for income or resources would be eligible for AFDC payments. Also included in this classification are pregnant women with no other children if the deprivation factor is met.
M	Disabled individuals not receiving SSI or state supplementation. These individuals meet the same technical factors as aged, blind, or disabled persons. These persons have income or resources exceeding SSI limitations; have excess income utilized either through allocation to dependents and/or spend-down; or are deceased and application was made by an interested party.
N	AFDC-related individual. The specified relative, second parent, child(ren) under age 18, or children age 18 and in fulltime attendance in high school or equivalent level of vocational or technical school who will complete a course of study before the 19th birthday who except for income or resources would be eligible for AFDC payments. Also included in this classification are pregnant women with no other children if the deprivation factor is met.
P	Foster care children in family homes or private institutions totally or partially dependent upon and supervised by a public or private child care agency. Children whose adoptions are being subsidized by state funds are also included in this category.
PE	Pregnant women who have been granted presumptive eligibility.
S	Adopted children whose adoption was federally subsidized. These are special needs children who receive grants from the KY Department for Social Services and medical assistance from the KY Department for Medicaid Services.
T	Individuals who meet the same criteria as Program Code W but have refused money payment.
U	Children under age 18, ineligible for SSI, who are inpatients in psychiatric hospitals dependent in whole or in part on the state.
V	Individuals eligible under the Breast and Cervical Cancer Treatment Program.

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W	AFDC recipients including specified relatives and second parents. The family meets the technical and financial criteria for AFDC and the children are deprived due to the primary providing parent being unemployed.
X	Foster care children who receive a grant through Title IV-E and medical assistance from Title XIX.
Y	Intact Family - Children living with both parents whose family meets eligibility requirements, but no deprivation factor is required. Also includes adults in intact families meeting eligibility requirements and are eligible due to pregnancy and no other children in case.
Z	Aged and disabled "Qualified Medicare Beneficiaries" meeting poverty related criteria. Individuals were not eligible prior to the passage of the Catastrophic Care Act of 1988.
ZJ	Qualified Individuals (Q11) receiving up to 135% of poverty receiving payment of Medicare Part B premium paid.
ZK	Qualified Individuals (Q12) receiving up to 175% of poverty receiving payment of Medicare Part B premium paid.
ZL	Specified Low Income Medicare Beneficiaries whose income is between 100% - 110% of poverty for whom Medicaid pays Medicare Part B premiums.
ZQ	Qualified Disabled and Working Individuals whose incomes are below 200% of poverty for whom Medicaid pays Medicare Part A premiums.

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Recipient
Data MENU](#)



**KENTUCKY MEDICAID INTERNET INFORMATION
PROCESSING SYSTEM**
Kentucky Medicaid Management Information System

UNISYS
imagine it. Done.

Recipient Data on IIPS

DOB: 02/22/1939 **MAID:** 11111111

Check Digit: 7

DOD: 00/00/0000 **Name:** DOE, JANE

Patient Liability

Begin Date	Transaction Date	Amount
01/01/2004	12/08/2003	681.00
01/01/2003	12/09/2002	666.00
06/01/2002	05/30/2002	656.00
01/01/2002	05/30/2002	602.00

**Note: If two segments exist with the same begin date and list two different patient liability amounts, the claim processed will be based on the transaction date.*

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**KENTUCKY MEDICAID INTERNET INFORMATION
PROCESSING SYSTEM**
Kentucky Medicaid Management Information System

UNISYS
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Recipient Data on IIPS

DOB: 02/02/1940 **MAID:** 111111111 **Check Digit:** 7
DOD: 00/00/0000 **Name:** DOE, JANE

Spend Down

Date	Amount	Balance
11/01/2003	759.00	759.00
10/01/2003	759.00	717.80
08/01/2003	759.00	717.80
07/01/2003	758.00	758.00
06/01/2003	758.00	758.00
05/01/2003	758.00	758.00

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**KENTUCKY MEDICAID INTERNET INFORMATION
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Kentucky Medicaid Management Information System

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Recipient Data on IIPS

DOB: 01/18/1979 **MAID:** 111111111 **Check Digit:** 8
DOD: 00/00/0000 **Name:** SMITH, JANE

TPL

Carrier Name

Address

ANTHEM PRESC MANAGEMENT PO BOX 145433 CINCINNATI, OH 452505433

Policy #	Group #	Effective Date	Policy Holder	Type of Insurance
ABC111111111	0012345	01/01/2002 - 01/31/2003	SMITH, JANE	Health

Carrier Name

Address

BC/BS OF KY P.O. BOX 37690 LOUISVILLE, KY 402337690

Policy #	Group #	Effective Date	Policy Holder	Type of Insurance
ABC222222222	0012345	01/01/2002 - 01/31/2003	SMITH, JANE	Health

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SECTION G

QUALIFYING INCOME TRUST (QIT)

The Qualifying Income Trust (QIT) data link located on the main menu (page G-1) is specific to the provider number entered during initial sign-in. The QIT web page (page G-2) shows a complete listing of recipients who meet the requirements to set up a QIT whom are assigned to that particular provider. The recipients shown are associated with the provider number entered during the initial sign-in. This web page will not show any other data other than that which belongs to that provider number.

If you are not a provider associated with a QIT recipient, you will receive an error message when choosing this link (page G-3).

(SECTION G)



Kentucky Medicaid Internet Information Processing System

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Click Here

[KenPAC](#)
(Available to providers
enrolled in KenPAC only)

[Nursing Facilities](#)
(Available to Nursing Facilities only)

[Presumptive
Eligibility](#)

[Recipient Data](#)
(Eligibility, Liability, Spend Down, TPL, KenPAC.)

[Qualifying Income Trust \(QIT\)](#)

[Logout](#)

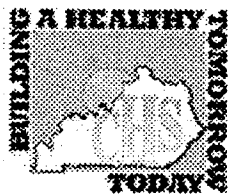
We are continuing to add more data to this web site to better assist Medicaid providers. Please check back often to see new and/or revised menu items.

If you need assistance, email us at chs.dmsiips@ky.gov

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KENTUCKY MEDICAID INTERNET INFORMATION PROCESSING SYSTEM

Kentucky Medicaid Management Information System
Qualifying Income Trust (QIT) For
Provider 12345678

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Below is a listing of Medicaid recipients to whom you are providing services who meet the criteria for needing a Qualifying Income Trust (QIT) to maintain their Medicaid eligibility. For "Frequently Asked Questions & Answers" concerning QITs, visit the following:

Part 1 - <http://chs.ky.gov/dms/eligibility/qitfaqs.doc>

Part 2 - <http://chs.ky.gov/dms/qitfaqs2.doc>

RECIPIENT NAME	MAID #	HIC NUMBER	COUNTY
Smith, John	111111111	111111111A	Boone
Doe, Jane	222222222	222222222A	Boone
White, Betty	333333333	333333333A	Boone
Public, John	444444444	444444444A	Boone

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